PART B - FEE(S) TRANSMITTAL omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax RUCTIONS (1) is form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where Attended to the current correspondence address and notification of maintenance fees will be mailed to the current correspondence address are used to below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. 08791 7590 06/23/2004 BLAKELY SOKOLOFF TAYLOR & ZAFMAN Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop BSUF FEE address above, or being facsim transmitted to the USITO, of the date Indicated below. 12400 WILSHIRE BOULEVARD, SEVENTH FLOOR LOS ANGELES, CA 90025 (Depositor's na (Signat (D APPLICATION NO. FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO. 10/676,405 10/01/2003 Matias G. Duarte 4676P017C TITLE OF INVENTION: HANDHELD DISPLAY AND KEYBOARD SMALL ENTITY APPLN. TYPE ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE **DATE DUE** nonprovisional NO \$1330 \$300 \$1630 09/23/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS DUONG, HUNG V 2835 361-680000 2. For printing on the patent front page, list (1) the 1. Change of correspondence address or indication of "Fee Address" (37 BLAKELY, SOKOLOFF, names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or TAYLOR & ZAFMAN, LLP agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DANGER, INC.

Palo Alto, CA

Please check the appropriate assignee cat	tegory or categories (will not be printed on the pater	nt); 🗖 individual	☐ corporation or other private group entity	☐ governm				
4a. The following fee(s) are enclosed:	4b. Payment of Fee	(s):						
🛭 Issue Fee	🖎 A check in th	e amount of the fee(s)	is enclosed.					
N Publication Fee	☐ Payment by c	redit card. Form PTO-	2038 is attached.					
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ication identified above.

Director for Patents is requested to apply the Issue Fee and Publication F	ree (if any) or to re-apply	any previously paid issue fee to the appli
(Authorized Signature) Thomas C. Webster (Date) Reg. 76. 46,154	9/23/04	
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09/28/2004 WASFAW2 00000010 10676405

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FEE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$) 1,660.00

Complete if Known					
Application Number	10/676,405				
Filing Date	September 30, 2003	•			
First Named Inventor	Matias G. Duarte				
Examiner Name	Hung V. Duong				
Art Unit	2835				
Attorney Docket No.	4676P017C				

Date

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)									
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Name (Name (Print/Type) Thomas C. Webster							egistratio tomey/Age		. 4	16,154	Telephone	(408)	720-8300
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Signature

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ÉE TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

0.00

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C	complete if Known
Application Number	10/676,405
Filing Date	September 30, 2003
First Named Inventor	Matias G. Duarte
Examiner Name	Hung V. Duong
Art Unit	2835
Attorney Docket No.	4676P017C

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
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to the above-identified deposit account	1251	110	2251	55	Extension for reply with	in first month			
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2. EXTRA CLAIM FEES Extra Fee from	1502	480	2502	240	Design issue fee				
Total Claims below Fee Paid	1503	640	2503	320	Plant issue fee				
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SUBMITTED BY						Comp	lete (if applica	ble)	
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Signature Process With					· -	Date	9/23/04		